





AF/EPW

RESPONSE TRANSMITTAL LETTER				Docket Number KPM-05301																																																			
Application Number 10/768,668		Filing Date January 30, 2004		First Named Inventor: Yutaka SAEKI		Group Art Unit 2629																																																	
Invention Title: CURRENT-DEVICE CIRCUIT AND APPARATUS FOR DISPLAY PANEL					Examiner Grant SITTA																																																		
TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application, including: <input checked="" type="checkbox"/> (X) Response to OA; <input checked="" type="checkbox"/> (X) Response Transmittal; and <input checked="" type="checkbox"/> (X) Return Postcard. CLAIMS AS PRESENTED <table border="1"><thead><tr><th></th><th>(1)</th><th></th><th>(2)</th><th>(3)</th><th></th><th></th></tr><tr><th></th><th>CLAIMS AS PRESENTED</th><th></th><th>HIGHEST NUMBER PREVIOUSLY PAID FOR</th><th>PRESENT NUMBER EXTRA</th><th>RATE</th><th>FEE</th></tr></thead><tbody><tr><td>TOTAL CLAIMS</td><td>13</td><td>Minus</td><td>24</td><td>0</td><td>x \$ 52</td><td>\$</td></tr><tr><td>INDEPENDENT CLAIMS</td><td>2</td><td>Minus</td><td>3</td><td>0</td><td>x \$220</td><td>\$</td></tr><tr><td>MULTIPLE DEPENDENT CLAIM ADDED</td><td colspan="4"></td><td>\$390</td><td>\$</td></tr><tr><td colspan="5"></td><td>TOTAL</td><td>\$</td></tr><tr><td colspan="4">If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.</td><td colspan="2">SMALL ENTITY TOTAL</td><td>\$</td></tr></tbody></table> <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for Total Claims in column 2 is less than 20, enter "20." *** If the highest number previously paid for Independent Claims in column 2 is less than 3, enter "3." The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.</p> <p><input type="checkbox"/> () Please charge Deposit Account Number 503596 in the amount of \$ _____.</p> <p><input type="checkbox"/> () Please charge \$ _____ to our credit card. Attached is PTO Form 2038.</p> <p><input type="checkbox"/> () A check in the amount of \$ _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> (X) Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our Deposit Account Number 503596.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div> Donald W. Muirhead, Reg. No. 33,978 June 23, 2010 Date Customer No. 54004</div><div style="border: 1px solid black; padding: 5px; width: 300px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 23, 2010.</p> Sandra Pires</div></div>								(1)		(2)	(3)				CLAIMS AS PRESENTED		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE	TOTAL CLAIMS	13	Minus	24	0	x \$ 52	\$	INDEPENDENT CLAIMS	2	Minus	3	0	x \$220	\$	MULTIPLE DEPENDENT CLAIM ADDED					\$390	\$						TOTAL	\$	If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL		\$
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